

ATTACHMENT
Application

APPLICATION FORM

CITY VARIANCE

ID: Billings Variance # 1279 **- Project #** P2-18-00048

The undersigned as owner(s) of the following described property hereby request a Variance from the terms of the City of Billings Zoning Regulations.

TAX ID # A01968, A07375, A01967, A01966, A07379 CITY ELECTION WARD # 1

Legal Description of Property: Lots 4-12 and 17-21, Block 59 of Fosters Addition Subdivision
Billings First Addition Block 269, Lots 4-11

Address or General Location (If unknown, contact City Engineering): _____
SW corner of 7th Ave. W & N. 25th St.

Zoning Classification: Residential Professional

Size of Parcel (Area & Dimensions): Approximately 1.12 acres (see attached Exhibit)

Covenants or Deed Restrictions on Property: Yes _____ No X

If yes, please attach to application

Variance(s) Requested: Building encroachment into the North building setback, approx. 8ft.

Please cover letter for expanded justification request for variance.

Facts of Hardship: This community-oriented medical facility has building and site requirements that traditional urban commercial properties do not normally face, such as drop-off needs to serve a special needs community. This need makes efficient site design challenging.

*** Additional information may be required as determined by the Zoning Coordinator in order to fully evaluate the application.

Owner(s): Dialysis Clinic Inc.

(Recorded Owner)

1633 Church Street Suite 500; Nashville, TN 37203-2948

(Address)

(Phone Number)

(email)

Agent(s): Sanderson Stewart (c/o Pat Davies, PE)

(Name)

1300 North Transtech Way, Billings, MT 59102

(Address)

406-656-5255

pdavies@sandersonstewart.com

(Phone Number)

(email)

I understand that the filing fee accompanying this application is not refundable, that it pays for the cost of processing, and that the fee does not constitute a payment for a Variance. Also, I attest that all the information presented herein is factual and correct.

Paul Passman

Digitally signed by Paul Passman
DN: cn=Paul Passman, o=Dialysis Clinic, Inc.,
ou=DCI, email=spaul.passman@dcinc.org,
c=US
Date: 2018.01.01 14:59:38 -0600

Signature: _____ Date: _____

(Recorded Owner)

ATTACHMENT
Applicant Letter

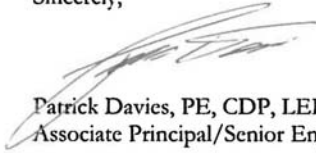
Ms. Nicole Cromwell
March 5, 2018
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To maintain and respect the urban street character, it is desirable to have one curb cut off North 25th Street and have the patient drop-off towards the center of the parcel. To accommodate the use and internal site circulation, the building will need to push into the north setback by eight (8) feet.

This is an urban area of downtown Billings and the request of the encroachment should not have an adverse effect on the surrounding properties or neighborhood. This project will bring much needed improvements and community benefit to an area in need of investment.

If you have any questions, or need anything else from the applicant or myself, please contact me at 406/656-5255.

Sincerely,



Patrick Davies, PE, CDP, LEED AP
Associate Principal/Senior Engineer

CSS/hav
P:17047.01_Variance_Request_Application

ATTACHMENT Site Plan

